Your Name:	
Address:	
City, State, Zip	
Telephone:	
Email Address:	<u></u>
Self-Represented	
DI	STRICT COURT
	COUNTY, NEVADA
	CASE NO.:
Plaintiff,	CASE IVO
,	DEPT:
vs.	
D. C. 1	
Defendant.	
CERTIF	FICATE OF MAILING
I, (name of person who mailed th	e document),
declare under penalty of perjury under the	he law of the State of Nevada that the following is true
	, (day), 20, service of the:
	(aay), 20, service of the.
$(\boxtimes check \ all \ that \ apply)$	
Motion Answer	Financial Disclosure Form
Opposition Reply	☐ Notice of Entry of Judgment / Order / Decree
Other:	
	positing a copy in the U.S. Mail in the State of Nevada,
postage prepaid, addressed to:	
	s of the person you mailed the document to)
(Frim the name and daares:	s of the person you mattea the document to)
DATED this day of	, 20
Submitted By: (you	ır signature)